

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020018-5
PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
<i>Encl #3</i>
DRS-3354
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				4,673.	45
Total						4,673.	45

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR

(Sign original only)

Date 8/11/58 *Payee _____
(not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____
Amount verified; correct for _____
(Signature or initials) EL

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____ (Authorized Certifying Officer)

By _____ SIGN ORIGINAL ONLY Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in the space provided for the signature of the payee.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

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Title _____

STATOTHR

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ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

9/12/58

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	For Client	Cost Element	TR.	CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day								Ma.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
10	04	07	68	9123	44650		05	01	66					50	25	40	00	12501	5032	33	1	17200	
12	04	08	68	8537	44649		05	02	121					50	25	40	00	12501	5032	33	1	52000	
																							69200 *
																							69200 **
Continued to Sheet 5																							

Continued to Sheet 5-

4/20/58

[illegible]

Continued to Sheet 5

4/27/58

[illegible]

Continued to Sheet 5

ACCOUNTS PAYABLE

DATE _____

5/12/58

FORM ST-1 - 86U										CHARGE DISTRIBUTION										NET AMOUNT							
BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Class	Cost	Element	TR.	COST CENTER			CHARGE DISTRIBUTION							
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order				
10	05	07	8	4849	44706		05	08	133							50	25	40	22	12501	5032	33	1	69500			
10	05	07	8	202598	44797		05	09	290							50	25	40	22	12501	5032	33	1	3564			
																								73064 *			
																								73064 **			
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5/18/58

[illegible]